SCC eFile	2012 ANNUAL RE COMMONWEALTH OF V STATE CORPORATION CO	212514074 N		
1.) CORPORATION NAME:		DUE DATE: 5/31/2012		
FAIRFAX, VIRGINIA CHAPTI 2.) VA REGISTERED AGENT NA CLIFFORD J. SHOEMAKER 9711 MEADOWLARK ROAD VIENNA, VA 22182	•		SCC ID NO: <b>00806513</b> 5.) STOCK INFORMATION CLASS   AUTHORIZED	
3.) CITY OR COUNTY OF VA RE FAIRFAX COUNTY	GISTERED OFFICE:	·		
4.) STATE OR COUNTRY OF INC VA	CORPORATION:			
6.) PRINCIPAL OFFICE ADDRES	S:			
ADDRESS: 9711	MEADOWLARK ROAD			
CITY/ST/ZIP: VIE	NNA, VA 22182			
7.) DIRECTORS AND PRINCIPAL	OFFICERS: All directors ar may be design	nd principal nated as bot	officers mus h a director	t be listed. An individual and an officer.
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRED GELDON PRESIDENT 5 GOLDEN CREST CT POTOMAC, MD 20854	X OFFICE	ER	X DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY MOLLER EXEC VP 9670 SCOTCH HAVEN DRIVE VIENNA, VA 22181	X OFFICE	ER	X DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM MCDONALD CORRES. SEC 1420 ALDENHAM LN RESTON, VA 20190	X OFFICE	ER	X DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN DEASY TREASURER 11908 PARADISE LN HERNDON, VA 20171	X OFFICE	ER	X DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP MERKEL IMM PST PRSDNT 20911 ADAMS MILL PL. ASHBURN, VA 20147	X OFFICE	ER	X DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID WHITNEY VICE PRESIDENT 8701 SUDBURY PL ALEXANDRIA, VA 22309	X OFFICE	ER	X DIRECTOR

			X OFFICER	χ DIRECTOR		
	NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLIFF SHOEMAKER VICE PRESIDENT 9711 MEADOWLARK RD. VIENNA, VA 22182				
	NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AARON WATTS VICE PRESIDENT 13403 RUNNING PUMP CT. HERNDON, VA 20171	X OFFICER	X DIRECTOR		
	NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAY LATURNO RECORD. SEC 12378 BROWN FOX WAY RESTON, VA 20191	X OFFICER	x DIRECTOR		
	NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PANDU BALARAM DIRECTOR 10411 HEADLY CT. FAIRFAX, VA 22032	OFFICER	X DIRECTOR		
	NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ART MEDICI DIRECTOR 10104 HIGH HILL CT. GREAT FALLS, VA 22066	OFFICER	X DIRECTOR		
	NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAN PATTON DIRECTOR 10970 RICE FIELD PL. FAIRFAX STATION, VA 22039	OFFICER	X DIRECTOR		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ WILLIAM		WILLIAM MCDONALD, CO	RRES.	4/18/2012		
LISTED	OF DIRECTOR/OFFICER ) IN THIS REPORT	PRINTED NAME AND CORF		DATE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						